



"Norton, Lawrence" <LNorton@wcsr.com> on 10/27/2010 06:24:39 PM

To: "2022190174@fec.gov" <2022190174@fec.gov>  
cc:

Subject: FEC Form 9 - Americans United for Safe Streets

Attached please find an FEC Form 9 submitted on behalf of Americans United for Safe Streets. If you have any questions, please contact me at (202) 857-4429.

**IAWRENCE H. NORTON**  
**Womble Carlyle Sandridge & Rice, PLLC**  
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cooperation. FED Form 9\_AUS\_ESL signature.pdf

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Person Making the Disbursements/Obligations

(a) Name

Americans United for Safe Streets

(b) Address (number and street) ☐ check if different than previously reported

1440 New York Avenue, NW

(c) City, State and ZIP Code

Washington, DC 20005

(d) Name of Employer or Principal Place of Business

(e) Occupation

### 2. FEC Identification Number

C

### 3. Is This Statement

☒ New

or

☐ Amended

### 4. Covering Period

10

25

2010

through

10

26

2010

### 5. (a) Date of Public Distribution(s)

10

26

2010

(b) Communication Title VA-11 Cable/Next VA

### 6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) ☐ Other, specify:

### 7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes ☐

No ☐

### 8. Custodian of Records

(a) Name

Eric Lee

(b) Address (number and street)

1440 New York Avenue, NW

(c) City, State and ZIP Code

Washington, DC 20005

(d) Name of Employer or Principal Place of Business

(e) Occupation

Americans United for Safe Streets

Treasurer

### 9. Total Donations This Statement

15317314

### 10. Total Disbursements/Obligations This Statement

15317314

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Eric Lee

SIGNATURE

DATE 10/27/10

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

**List of Person(s) Sharing/Exercising Control**  
(use additional pages as necessary)

PAGE 2 OF 4

**11. Person(s) Sharing/Exercising Control**

<b>A.</b>	(a) Name Eric Lee	
	(b) Address (number and street) 1440 New York Avenue, NW	
	(c) City, State and ZIP Code Washington, DC 20005	
	(d) Name of Employer or Principal Place of Business Americans United for Safe Streets	(e) Occupation Treasurer
<b>B.</b>	(a) Name Michelle Adams	
	(b) Address (number and street) 1440 New York Avenue, NW	
	(c) City, State and ZIP Code Washington, DC 20005	
	(d) Name of Employer or Principal Place of Business Americans United for Safe Streets	(e) Occupation Secretary
<b>C.</b>	(a) Name Richard DeScherer	
	(b) Address (number and street) 1440 New York Avenue, NW	
	(c) City, State and ZIP Code Washington, DC 20005	
	(d) Name of Employer or Principal Place of Business Americans United for Safe Streets	(e) Occupation President
<b>D.</b>	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
<b>E.</b>	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation

**SCHEDULE 9-A**  
**Donation(s) Received**

PAGE 3 OF 4

<b>A.</b> Full Name of Donor Michael R. Bloomberg Mailing Address of Donor 800 Third Ave. City State Zip New York NY 10022	Date of Receipt MM / DD / YYYY 10 / 12 / 2010 Amount 15317314
<b>B.</b> Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt MM / DD / YYYY Amount
<b>C.</b> Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt MM / DD / YYYY Amount
<b>D.</b> Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt MM / DD / YYYY Amount
<b>E.</b> Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt MM / DD / YYYY Amount
<b>SUBTOTAL</b> of Donations This Page (optional) ▶	
<b>TOTAL</b> This Period (last page this line number only) ▶ (carry total from last page to Line 9)	

# SCHEDULE 9-B

## Disbursement(s) Made or Obligation(s)

PAGE 4 OF 4

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>Abar Hutton Media</b>				<b>Date of Disbursement or Obligation</b> <div style="border: 1px solid black; padding: 2px;"> 10 / 25 / 2010 </div>	
<b>Mailing Address of Payee</b> <b>6190 Grovedale Court Suite 200</b>				<b>Amount</b> <div style="border: 1px solid black; padding: 2px;"> 150,000.00 </div>	
<b>City</b> <b>Alexandria</b>	<b>State</b> <b>VA</b>	<b>Zip Code</b> <b>22310</b>			
<b>Name of Employer</b> 			<b>Occupation</b> 		
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> <b>Cost of airtime (VA-11 Cable)</b>					
<b>Name of Federal Candidate</b> <b>Keith Firmian</b>	<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> <b>VA</b> <b>District:</b> <b>11</b>	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<b>Name of Federal Candidate</b> 	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<b>Name of Federal Candidate</b> 	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <b>Devine Mulvey</b>				<b>Date of Disbursement or Obligation</b> <div style="border: 1px solid black; padding: 2px;"> 10 / 25 / 2010 </div>	
<b>Mailing Address of Payee</b> <b>2141 Wisconsin Avenue, NW, Suite H</b>				<b>Amount</b> <div style="border: 1px solid black; padding: 2px;"> 3173.14 </div>	
<b>City</b> <b>Washington</b>	<b>State</b> <b>DC</b>	<b>Zip Code</b> <b>20007</b>			
<b>Name of Employer</b> 			<b>Occupation</b> 		
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> <b>Cost of ad production (Next VA)</b>					
<b>Name of Federal Candidate</b> <b>Keith Firmian</b>	<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> <b>VA</b> <b>District:</b> <b>11</b>	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<b>Name of Federal Candidate</b> 	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<b>Name of Federal Candidate</b> 	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>				<div style="border: 1px solid black; padding: 2px;"> 153173.14 </div>	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)				<div style="border: 1px solid black; padding: 2px;"> 153173.14 </div>	

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <b>Email</b>	Date of Receipt or Postmarked <b>10/27/2010</b>
<b>PY</b>	<b>10/28/2010</b>

PREPARER

DATE PREPARED

(3/2005)